



Franklin Parks & Recreation

Membership Registration Form

Member Information

How did you hear about us? Radio___ Poster/Flyer___ Billboard___ Canary Creek Ad___ News Article/Ad___ Website___ Advertising TVs___ Fun Guide___

First & Last Name		Member Date of Birth	
Address		City	State
Home Phone	Emergency Contact / Phone	Email Address	Work/Cell Phone
Membership Type (Facility/Fitness/Pool/AAC)		City-Resident or Non-Resident	

I recognize that because of the potentially hazardous nature of this activity, an injury might be sustained. In the event of such injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the City of Franklin, the Franklin Parks and Recreation Department, its employees, agents and assign from responsibility for any personal injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I agree to abide by all rules and regulations of the Franklin Parks and Recreation Department. I understand that my name, photograph, and/or likeness may be used in promotions or advertising materials. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. I understand my signature, or my primary guardian's signature if I'm under 18, is required to take part in Franklin Parks and Recreation programs.

Signature	Date

Additional Member Information

First Name / Last Name	Birth Date	Gender	Membership Type

Would you like to be added to our email database and receive notification of upcoming programs & events?
 YES NO

Payment Options

Check (Check # _____) VISA, MasterCard, or Discover _____ Cash _____
Make checks payable to Franklin Parks & Recreation (Please write your phone # & driver's license # on your check)